



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>12 Deer Lodge</b>		<b>0236 Anaconda Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	10	10	61.2	0.95	39	08/12/05	_____	_____
61	10	2	107.2	1.57	77	08/12/05	_____	_____
58	10	3	35.2	1.57	77	08/12/05	_____	_____
70	10	5	109.6	1.57	77	08/12/05	_____	_____
65	10	7	38	1.57	77	08/12/05	_____	_____
73	10	8	62.7	1.57	77	08/12/05	_____	_____
65	10	9	26	1.57	77	08/12/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>12 Deer Lodge</b>		<b>0237 Anaconda H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
39	10	2	107.2	1.57	77	08/12/05	_____	_____
42	10	3	35.2	1.57	77	08/12/05	_____	_____
30	10	5	109.6	1.57	77	08/12/05	_____	_____
35	10	7	38	1.57	77	08/12/05	_____	_____
27	10	8	62.7	1.57	77	08/12/05	_____	_____
35	10	9	26	1.57	77	08/12/05	_____	_____